INDIANA TOBACCO USE PREVENTION AND CESSATION
EXECUTIVE BOARD RESOLUTION 2005-1
SUPPORT OF LOCAL CONTROL OVER SECONDHAND SMOKE ORDINANCES
November 17, 2005

Whereas, tobacco use is the leading cause of preventable death in the United States and in Indiana[1]; and

Whereas, 438,000 Americans and 9,700 Hoosiers die of tobacco caused diseases each year[2]; and

Whereas, Indiana has the seventh highest adult smoking prevalence in the United States[3]; and

Whereas, secondhand smoke is the third leading cause of preventable death in this country and kills 53,000 Americans every year[4]; and

Whereas, the United States Environmental Protection Agency (EPA) has classified secondhand smoke as a Group A carcinogen[5]; and

Whereas, in 1986, the United States Surgeon General concluded that simple separation of smoker and nonsmoker within the same air space, does not eliminate exposure of nonsmokers to secondhand smoke[6]; and

Whereas in 1992, the EPA reported that secondhand smoke annually causes 8,000 – 26,000 new cases of asthma, 200,000 pediatric asthma attacks, and 150,000- 300,000 cases annually of lower respiratory tract infections in children up to 18 months old[7]; and

Whereas, in 1997, the National Cancer Institute estimated that exposure to secondhand smoke resulted in more than 10,000 annual cases of low birthweight and more than 2,000 cases of sudden infant death syndrome[8]; and

Whereas, in 2002, the U.S. Public Health Service's National Toxicology Program issued its 10th Report on Carcinogens, stating secondhand smoke is a known human carcinogen, which indicates that there is a cause and effect relationship between exposure and human cancer incidence[9]; and

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[1] Centers for Disease Control and Prevention *MMWR* — Annual Smoking–Attributable Mortality, Years of Potential Life Lost, and Productivity Losses — United States, 1995–1999. 2002 / Vol. 51
[2] *MMWR* — Annual Smoking–Attributable Mortality, Years of Potential Life Lost, and Productivity Losses — United States, 1997–2001;July 1, 2005 / Vol. 54 / No. 25
[3] Centers for Disease Control and Prevention. 2004 Behavior Risk Factor Surveillance Survey.
[4] National Cancer Institute. *Health Effects of Exposure to Environmental Tobacco Smoke*. Smoking and Tobacco Control Monograph no. 10, NIH publication no. 99-4645, Bethesda, MD: U.S. Department of Health and Human Services, National Institutes of Health, National Cancer Institute. August 1999.
[5] U.S. Environmental Protection Agency (1989). Indoor Air Facts: Environmental Tobacco Smoke; Centers for Disease Control and Prevention.
[6] The Health Consequences of Involuntary Smoking: 1986 Surgeon General Report (1986), U.S. Department of Health and Human Services, Public Health Service, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, Rockville, MD 20857.
[7] U.S. Environmental Protection Agency. Respiratory Health Effects of Passive Smoking: Lung Cancer and Other Disorders. EPA/600/6-90/006B, 1992.
[8] National Cancer Institute. *Health Effects of Exposure to Environment Tobacco Smoke.* Smoking and Tobacco Control Monograph No. 10 Bethesda, MD: U.S. Department of Health and Human Services, National Institutes of Health, National Cancer Institute; 1999. NIH Pub. No. 99-4645.
[9] U.S. Public Health Service's National Toxicology Program issued its *10th Report on Carcinogens.* Research Triangle Park, NC: U.S. Department of Health and Human Services, Public Health Service, National Toxicology Program, December 2002.

Whereas, in 2002, the International Agency for Research on Cancer (IARC) that "epidemiological studies have demonstrated that exposure to secondhand tobacco smoke is causally associated with coronary heart disease" and estimated that "involuntary smoking increase the risk of an acute coronary heart disease event by 25-35%"[10]; and

Whereas, in 2005, the California Air Resources Board reported a causal link between secondhand smoke exposure and pre-term delivery; asthma induction in adults; breast cancer in younger, primarily premenopausal women; and altered vascular properties[11]; and

Whereas 88% of non-smokers show detectable levels of cotinine (a metabolite of nicotine) in their blood[12]; and

Whereas, the Centers for Disease Control and Prevention (CDC) has determined that the risk of acute myocardial infarction and coronary heart disease associated with exposure to tobacco smoke is nonlinear at low doses and increases rapidly as doses such as those received from secondhand smoke, an has warned persons with an increased risk of coronary heart disease or known coronary artery disease to avoid indoor environments that permit smoking[13]; and

Whereas, smoke-filled workplaces result in higher rates of worker absenteeism due to respiratory disease, as well as in lower employee productivity, increased health insurance rates, and an increase in liability claims for diseases related to exposure to secondhand smoke[14]; and

Whereas, the American Society of Heating, Refrigerating, and Air Conditioning Engineers (ASHRAE), the international body that sets the standard for indoor air quality states that ventilation cannot eliminate the health dangers posed by secondhand smoke and that the only way to effectively eliminate health risk associated with indoor exposure to tobacco smoke is to prohibit smoking activity[15]; and

Whereas, the tobacco industry has as a chief legislative strategy the removal of local authority to regulate tobacco, and citizens in local communities regularly vote to maintain local control to protect children and adults from tobacco use and secondhand smoke[16]; and

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[10] International Agency for Research on Cancer, Volume 83: Tobacco Smoke and Involuntary Smoking Summary of Data Reported and Evaluation, June 2002.

[11] California Air Resources Board (ARB) Scientific Review Panel (SRP) "*Proposed Identification of Environmental Tobacco Smoke as a Toxic Air Contaminant - June 24, 2005.*"

[12] Centers for Disease Control and Prevention. Exposure to Environmental Tobacco Smoke and Cotinine Levels — Fact Sheet http://www.cdc.gov/tobacco/research_data/environmental/factsheet_ets.htm

[13] Pechacek and Babb. "Commentary: How acute and reversible are the cardiovascular risks of secondhand smoke?" BMJ , Vol 328. April 2004.

[14] Berman K. "Firms hope smoking bans will trim health costs". Business Insurance. October 12, 1987;21(41):16-17;[14] Halpern MT et al. " Impact of smoking status on workplace absenteeism and productivity". Tobacco Control 10(3): 233-38, September 2001.;Musich S , Napier D, Edington DW. "The association of health risks with workers' compensation costs". Journal of Occupational and Environmental Medicine. 43(6): 534-41, June 2001; July 2001, Journal of Occupational and Environmental Medicine; Study of over 3000 Xerox corp. employees; Kristein MM. American Health Foundation. "How much can business expect to profit from smoking cessation?" Preventive Medicine 1983; 12:358-381.;Annual Smoking-Attributable Mortality, Years of Potential Life Lost, and Economic Costs --- United States, 1995-1999, US Public Health Service, Centers for Disease Control and Prevention, Morbidity and Mortality Weekly, April 12, 2002 / 51(14);300-3

[15] American Society of Heating, Refrigerating, and Air Conditioning Engineers (ASHRAE). Environmental Tobacco Smoke Position Document, 2005 Conference, ASHRAE Board of Directors.

[16] Americans for Nonsmokers' Rights. Tobacco Industry Soundbites and Responses, August 2004.

Whereas, the Indiana Tobacco Use Prevention and Cessation Executive Board publicly supports all effective smoke free air policies on the local level in Indiana in accordance with the *Fundamentals of Clean Indoor Air Policy*[17]. Effective smoke-free policies are clearly defined; minimize exemptions; avoid minors only provisions[18]; do not include hardship exemptions[19], "accommodation" or ventilation[20]; and are first enacted on the local level, with the ultimate goal of totally smoke free environments all of the time; and

Whereas, the Indiana Tobacco Use Prevention and Cessation Executive Board believes that rights should be vested in local communities to enact and enforce secondhand smoke ordinances; and

Now, therefore be it resolved that the Indiana Tobacco Use Prevention and Cessation Executive Board affirms that it is opposed to the principle and practice of local preemption of secondhand smoke ordinances.

And be it further resolved that the Indiana Tobacco Use Prevention and Cessation Executive Board urges the Indiana General Assembly to maintain the rights of local communities to enact and enforce secondhand smoke ordinances.

And be it further resolved that the Indiana Tobacco Use Prevention and Cessation Executive Board strongly encourages cities and towns in Indiana to adopt similar resolutions.

And be it further resolved that the Indiana Tobacco Use Prevention and Cessation Executive Board is hereby directed to distribute copies of this resolution to the Governor and the Lieutenant Governor of Indiana, and to members of the Indiana General Assembly.

November 17, 2005

[17] Americans for Nonsmokers' Rights [et al.]. Fundamentals of Clean Indoor Air Policy, Americans for Nonsmokers' Rights, 2002.
[18] Minors only provisions can create a misconception that secondhand smoke is harmful only to young people.
[19] Hardship exemptions weaken an ordinance and are based on the false premise that negative economic impact results from smoke free air ordinances.
[20] Accommodation provision stipulates that, instead of a smokefree requirement, that an establishment simply posts signs at the entrances informing patrons of the establishment's smoking policy.